

HIPAA RELEASE FORM

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid and it will not be possible for your health information to be shared as requested.

Patient Name: Maxie Schmidt

Patient DOB: 11/25/1985

Last four digit of SSN:

9798

Patient Address: 251 10th St Nw Apt 101, Atlanta, GA 30318

Phone: (636)-751-4916 Email:

Requesting Information ☐ From

☒ To:

GA Tech Police

Name of Individual, Facility or Provider:

Address:

Phone:

Fax:

404 - 486-3476

c/o Carla Cook

ATTN: case # 22040797

Information to be sent ☐ To

☒ From:

United Psychology Center, LLC / UBHS Inc.

2900 Chamblee Tucker Rd. Bldg. 16

Atlanta, GA 30341

Tel: 770-939-1288 Fax: 770-212-2203

I authorize the disclosure of the following protected health information:

☒ All of my health information that the provider has in his or her possession (excludes "psychotherapy notes" as defined in 45 CFR 164.501), including information relating to any medical history, mental or physical condition, and treatment received by me.

☐ Psychotherapy Notes

☒ Only the following records or types of health information:

Exchange of treatment records about my use of controlled subst. medications to treat ADHD.

Reason for release of information:

☐ Individual's Request ☐ Legal Matter

☒ Other (specify)

Terrin Clark ↔ G-TPD to refill stolen meds

Is there an expiration for authorization? ☐ Yes ☒ No

If YES, please indicate: ☐ 90 Days ☐ One(1) Year ☒ Other (specify):

Not later than 5/14/2022 [see note (AM) on page 2]

1. I authorize the disclosure of my protected health information as I have described on this form.

2. I understand that I can refuse to sign this authorization and that I do not have to allow the release of my protected health information. I understand that my health care will not be affected if I refuse to sign this form.

3. I know that I can change my mind and that I can revoke the authorization in writing at any time by sending a signed dated written statement to UPC, 2900 Chamblee Tucker Rd, Bldg. 16, Atlanta, GA 30341.

4. I understand that my protected health information could be disclosed again and no longer protected by federal health information privacy regulations if the recipient(s) indicated above are not required by law to protect the privacy of the information.

5. I understand that a photocopy of this form will be as valid as the original.

6. I understand that I have the right to receive a copy of this form after I have signed it.

7. I have/had the opportunity to read and consider the content of this authorization. I confirm that the contents are consistent with my direction.

8. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or Human Immunodeficiency Syndrome (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

9. I understand there may be associated fees for this service and the name & address provided above may be billed unless otherwise instructed.

Printed Name of Patient or Responsible Party:

Maxie Dion Schmidt

Capacity of Responsible Party (e.g. parent, guardian, etc.):

Self, adult of consenting age

Signature of patient or responsible party if patient is

a minor or is otherwise unable to sign for him/herself:

Sign

Timestamp

Note (*M):

Untitled — Edited

My understanding of the necessity of this release form is for UBHS providers to communicate with Georgia Tech Police officers that are responsible for the handling of case #22040797 (filed on 4/23/2022). Please communicate any information necessary to ensure that I am able to refill my controlled prescription amphetamine medications that were stolen at my apartment as soon as possible. Whatever is necessary to facilitate that happening is what I am granting my consent for by signing this release form.

It kind of all boils down the the words of wisdom and warning from grumpy seasoned system administrators on a computer system:

We trust you have received the usual lecture from the local System Administrator. It usually boils down to these three things:

- #1) Respect the privacy of others.
- #2) Think before you type.
- #3) With great power comes great responsibility.

root's password:

mos!



Smile